

2663

DOCKET NO. CM04662H



TRANSMITTAL FORM

		Application Number	09/728,359
		Filing Date	12/01/00
		First Named Inventor	Helm, et al.
		Group Art Unit	2663
		Examiner Name	Mehra, Inder P.
Total Number of Pages in this Submission	15	Attorney Docket Number	CM04662H

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ENCLOSURES**(check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> {Appeal Notice, Brief, Reply Brief}
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Associate Power of Attorney	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> RCE	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Terri S. Hughes	Registration No.	41,856
Signature			
Date	November 13, 2002		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as

first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below:

Typed or printed name	Sheila Mannerino		
Signature			
	Date	November 13, 2002	



**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

Complete if Known

Application Number	09/728,359
Filing Date	12/01/00
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Examiner Name	Mehra, Inder P.
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TOTAL AMOUNT OF PAYMENT	\$0
Attorney Docket No.	CM04662H

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METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:		3. ADDITIONAL FEES			

Deposit Account Number **13-4772**

Deposit Account Name **Motorola, Inc.**

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) \$0

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Previously Paid**		Extra Claims	Fee from below	Fee Paid
		20	3	22	0	X 18 = 0
				3	0	X 84 = 0

Multiple Dependent **280 = 0**

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	* Reissue independent claims over original patent
110	18	210	9	*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	920	217	460	Extension for reply within third month
118	1440	218	720	Extension for reply within fourth month
128	1960	228	980	Extension for reply within fifth month
119	320	219	160	Notice of Appeal
120	320	220	160	Filing a brief in support of an appeal
121	280	221	140	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1280	241	640	Petition to revive - unintentional
142	1280	242	640	Utility issue fee (or reissue)
143	460	243	230	Design issue fee
144	620	244	310	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application
Other fee (specify) _____				

* Reduced by Basic Filing Fee paid **SUBTOTAL (3) \$0**

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Terri S. Hughes	Registration No.	41,856	Telephone	(847) 576-0741
Signature		Date	November 13, 2002		